



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Chi Sing et al.
SERIAL NO.: 09/966,611
FILING DATE: 09/27/2001
TITLE: ABSORBABLE SPONGE WITH CONTRASTING AGENT
EXAMINER: Baxter, Jessica R.
ART UNIT: 3731

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Date: 3/2/04 Name: Ruth Rodriguez
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AMENDMENT AND RESPONSE TO
NOTICE OF NON-COMPLIANT AMENDMENT

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Dear Sir:

This paper is responsive to the Notice of Non-Compliant Amendment dated **February 11, 2004**. Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 5 of this paper.



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PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

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|------------------------|-------------------|
| Application Number | 09/966,611 |
| Filing Date | 9/27/01 |
| First Named Inventor | Eduardo Chi Sing |
| Art Unit | 3731 |
| Examiner Name | Baxter, Jessica R |
| Attorney Docket Number | 034298-000121 |

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): postcard |
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Remarks

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| Firm or Individual name | Adrienne Yeung, Reg. No. 44,000 |
| Signature | |
| Date | 3/2/04 |

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| Typed or printed name | Ruth Rodriguez |
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| Date | 3/2/04 |

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